
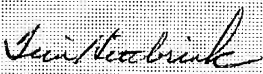
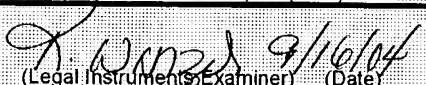


|   |                 |                |  |
|---|-----------------|----------------|--|
| <b>Issue Classification</b><br> | Application No. | Applicant(s)   |  |
|   | 10/049,756      | STARKEY, GLENN |  |
|   | Examiner        | Art Unit       |  |
|   | Tim Heitbrink   | 1722           |  |

| ISSUE CLASSIFICATION         |   |          |   |                    |                                   |     |  |  |  |
|------------------------------|---|----------|---|--------------------|-----------------------------------|-----|--|--|--|
| ORIGINAL                     |   |          |   | CROSS REFERENCE(S) |                                   |     |  |  |  |
| CLASS                        |   | SUBCLASS |   | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |     |  |  |  |
| 425                          |   | 556      |   | 425                | 444                               |     |  |  |  |
| INTERNATIONAL CLASSIFICATION |   |          |   | 264                | 334                               | 336 |  |  |  |
| B                            | 2 | 9        | C | 45/40              |                                   |     |  |  |  |
|                              |   |          |   | /                  |                                   |     |  |  |  |
|                              |   |          |   | /                  |                                   |     |  |  |  |
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|  |  |   |                             |                         |
|--|--|---|-----------------------------|-------------------------|
| _____<br>(Assistant Examiner) (Date)   |  | <br>Tim Heitbrink 9-15-04<br>(Primary Examiner) (Date) | Total Claims Allowed: 17    |                         |
| <br>(Legal Instruments Examiner) (Date) |  |   | O.G.<br>Print Claim(s)<br>1 | O.G.<br>Print Fig.<br>1 |

|  |          |                              |          |                               |          |                                 |          |
|--|----------|------------------------------|----------|-------------------------------|----------|---------------------------------|----------|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          | <input type="checkbox"/> CPA |          | <input type="checkbox"/> T.D. |          | <input type="checkbox"/> R.1.47 |          |
| Final  | Original | Final                        | Original | Final                         | Original | Final                           | Original |
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